

#6
Revised March 24th 1826

An Inaugural Dissertation
On Dysentery

By Samuel W. Greene
of Maryland

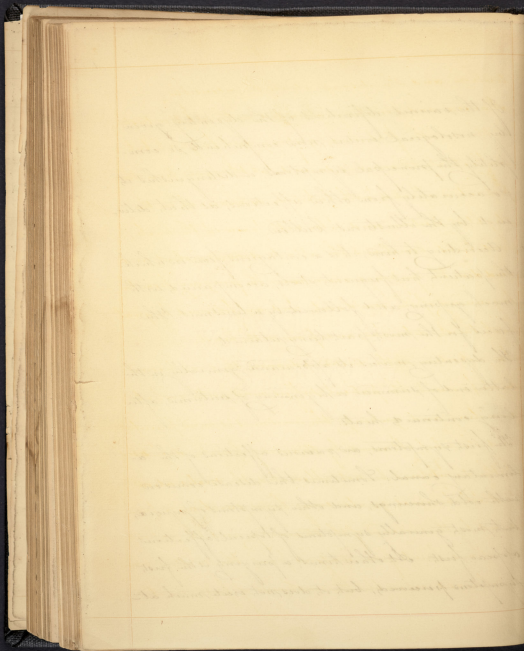
Amesbury, N. H. 1871

Of the various definitions of the dysentery given by nosological writers, none comprehend so completely the principal symptoms, or distinguish it so accurately from other affections, as that delivered by the illustrious Cullen.

According to him, it is a contagious fever in which the patient has frequent stools, accompanied with much griping, and followed by a tenesmus. The face for the most part being retained.

The dysentery makes its appearance generally in the latter end of summer, or beginning of autumn, after long continued heats.

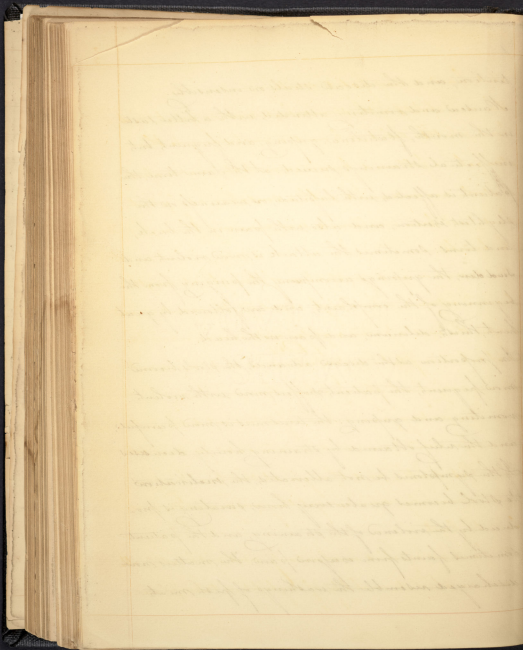
The first symptoms, are various affections of the alimentary canal. Sometimes this disease comes on with cold shiverings, and other symptoms of pyrexia; but most generally symptoms of topical affections appear first. At other times, a purging is the first symptoms perceived, but it does not excite much at-



tion, and the disease steals on insensibly.

Nausea and vomiting, attended with a bitter taste in the mouth, flatulency, griping, and frequent, but ineffectual, straining, succeed: at the same time, the patient is affected with lassitude, or weariness on the slightest exertion, and also with pain in the back, and loins: sometimes the attack is more violent and sudden, the gripings accompanying the purging from the beginning of the complaint, and are followed by great heat, thirst, delirium, and pain in the head.

In proportion as the disease advances, the stools become more frequent, the patient suffers more with violent vomiting and griping: the tenderness is more painful, and the relief obtained by straining hourly decreases. If the symptoms be not alleviated, the inclination to stool becomes greater every hour, sweating is produced by the violence of the straining, and the patient sometimes faints from excessive pain. The matters now discharged resemble the washings of fresh meat.



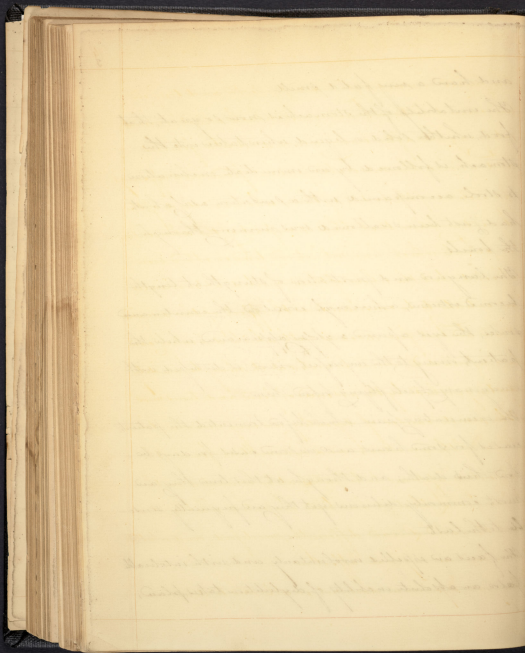
and have a very foetid smell.

The irritability of the stomach is now so great, that food, whether solid or liquid, when taken into the stomach, is followed by an immediate inclination to stool, accompanied with a sensation as if what had just been swallowed was running through the bowels.

The languor and prostration of strength at length become extreme, a hiccough comes on, the countenance sinks, the eyes assume a glossy appearance, while the patient, owing to the imperfect vision, is disturbed with imaginary objects flying before them.

The excruciating pain, which before tormented the patient, ceases for some hours, and in some cases for days before their death; and though at that time they are most commonly delirious, yet they are frequently sensible to the last.

The faeces are expelled involuntarily and, with intolerable pain, an absolute inability of deglutition takes place;



the pulse is exceedingly weak, the teeth and tongue are covered with a black crust, which collects immediately again after being removed, death follows, and relieves the miserable patient from his sufferings.

Expositions of the bodies of those who have died of the dysentery, shew that there is no part of the alimentary canal which has not at one time or other been affected: but the whole of this morbid appearance is entirely to be considered as the effect of this disease.

There are but few diseases, with which dysentery can be confounded. From Diarrhea it may be readily distinguished by the absence of fever and tenesmus.

The remote causes of dysentery are very similar to those of the uncoloured and intermittent fevers. The dysentery appears to be intrinsically connected with these fevers, that it has been disputed, whether it is not the same disease differently modified, and whether it is ever an original affection.

My own experience does not enable me to determine.

Handwritten text in cursive script, likely a letter or document, spanning multiple lines across the page. The text is written in dark ink on aged, slightly discolored paper. The handwriting is fluid and characteristic of the 18th or 19th century. The page is numbered '4' in the top left corner. The text is mostly illegible due to the cursive style and fading, but appears to be a continuous narrative or correspondence.

whether it is an original affection or not, and therefore I shall only give some of the most important arguments, advanced on both sides of the question. Those in favour of both diseases being the same, argue thus.

1. Both diseases appear in the same place, and at the same season of the year, in persons exposed to the same causes, &c.
2. These countries most subject to one disease are also most liable to the other.
3. Sir John Pringle has observed, that those who were seized with the dysentery usually escaped the fever, and if any person had both it was alternately, so that when the flux began, the fever ceased, and when the fever was stopped, the latter returned; hence it appeared, that though the two distempers were of a different form yet they proceeded from a like cause.
4. It is also alleged as a proof that the causes of

these diseases are precisely the same; and that, they will exhibit either a dysentery or intermittent fever, just as the situation of the system, or other circumstances at the same time of their application, favour the production of the one or the other; that, each of them prevails at the same time in different parts of the same neighbourhood; this happened, in Cecil County Maryland, during the last summer, whilst the intermittent fever prevailed in the low grounds, the dysentery raged on the high.

These are the principal arguments, advanced in favour of the supposition, that, the dysentery and the intermittent fevers are different modifications of the same disease.

The arguments on the opposite side of the question, tend strongly to prove the distinct and separate nature of the two diseases.

The dysentery and intermittent fevers are not always prevalent in the same place, and during the

the first of the month of June 1864
I received from you a letter of the 25th
in which you informed me that you
were going to the West. I was
glad to hear of it and hope you
will have a successful journey.
I am well and hope these few lines
will find you the same. I am
not writing you much at present
but I will write again soon.
I am, dear friend, very truly
yours,
Wm. Lloyd Garrison

the same season; although this is sometimes the case, as observed in one of the arguments advanced, on the other side of the question.

During the last summer, a dysentery prevailed with great mortality in the upper part of this county, where the intermittent fever is rarely known to occur.

Dysentery often occurs with little or no fever. These facts go to prove, that dysentery although frequently a symptomatic affection, is not less frequently an original disease, produced by some specific cause.

The remote causes may be divided into predisposing and exciting. The predisposing are either external, or internal. The external are heat, moisture, and want of cleanliness. The internal may be debility, from excessive evacuations & depressing affections of the mind, as fear, anger &c, a great tendency in the fluids to putrefaction, or that condition of body which occurs in camps & fleets, when the sol-

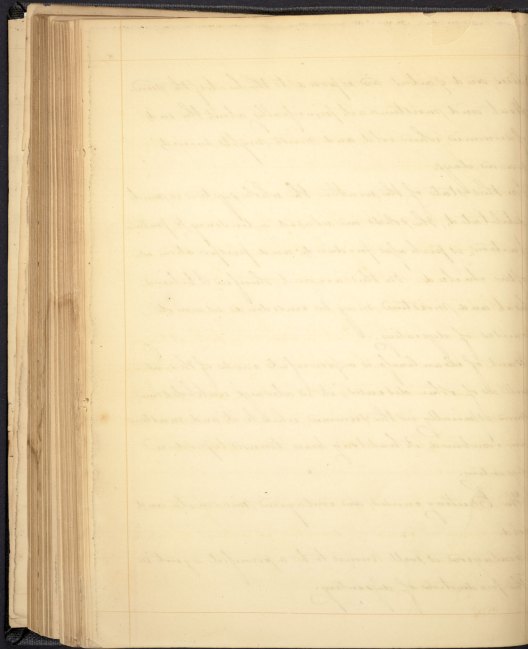
-dies, and faint and exposed, to the heat of the sun.
Heat and moisture act principally about the ends
of summer, when cold and moist nights succeed
warm days.

In this state of the weather the whole system is much
debilitated, the solids are relaxed, a tendency to putre-
faction, is perhaps produced, and perspiration is
often checked: On this account, therefore I believe
heat and moisture may be considered as remote
causes of dysentery.

Want of clean linen is a powerful cause of this, as
well as of other diseases; it is always unwholesome,
more especially in the summer, when heat and moisture
are combined, it has long been known to produce
dysentery.

The exciting causes, are contagious, miasmata and
cold.

Contagion is well known to be a powerful agent in
the production of dysentery.

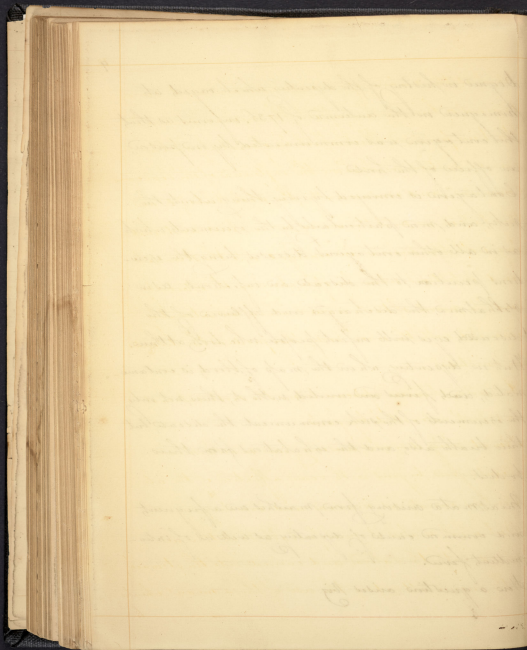


Described in history of the dysentery which raged, at
 Limegreen in the autumn of 1736, informs us that
 the contagious was communicated by one person,
 an officer of the town.

Contagion is conveyed by every thing about, the
 sick, and more particularly by the excrements, which
 as in all other contagious diseases, being the opera-
 tions peculiar to the disease, are infectious. As in
 ophthalmia the discharges and effluvia of the
 diseased eyes, will infect people who look at them.
 But in dysentery, when the mass of blood is contami-
 nated, ~~and~~ mixed and united with it, then not only
 the excrements of the sick communicate the disease, but
 their breath also, and the exhalations from their
 bodies.

Miasmata arising from marshes are a frequent
 and common cause of dysentery as well as of inter-
 mittent fever.

Now a question arises viz.



What is the nature of these miasmata and contagious, or how do they affect the human system?

Do they produce their effect by operating on the nervous system, weakening the influence of the "Sensuum Communis", and consequently the whole body? Or are they taken in with the air in respiration, and mixed with the saliva, and conveyed into the stomach and intestines, where by operating on the extremely sensible nerves of those organs, which are intimately connected with the whole body, they produce the disease in question?

The latter opinion appears to me the most rational and best supported by facts.

Almost every disease, arising from miasmata or contagion, begins with some affection of the alimentary canal, as nausea, and vomiting.

But what makes it more probable, that they are mixed with the saliva, and carried into the stomach, is the success attending the use of those means, whereby

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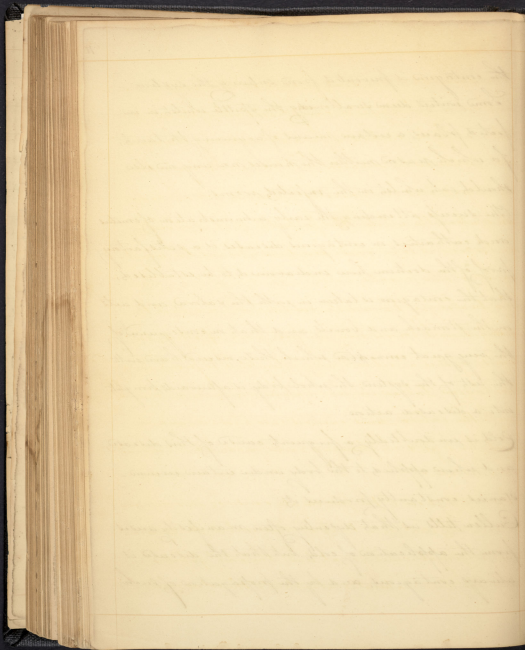
the contagion is prevented, from entering the system.

Some writers deem swallowing the spittle whilst in infected places, a certain means of acquiring the taint; for which reason neither the nurses nor any one else, should, eat whilst in the infected rooms.

The success attending the early administration of emetics and cathartics, in contagious diseases, is a satisfactory proof of the doctrine here endeavored, to be established, that the contagion is taken in, with the saliva, and acts on the stomach and bowels, and that in consequence of the very great connection which these viscera have with the rest of the system, the whole body is afterwards brought into a diseased action.

Cold is undoubtedly a frequent cause of this disease, and when applied, to the body under certain circumstances constantly produced it.

Guller tells us that dysentery often manifestly arises from the application of cold, but that the disease is always contagious, and by the propagation of such



contagion independent of cold, or other exciting cause, it becomes epidemic in camps and other places. It is therefore to be doubted, if the application of cold does ever produce the disease, unless when the specific contagion has been previously received into the body: and, upon the whole, it is probable, that a specific contagion is to be considered, as always the remote cause of this disease."

In treating of the remote cause, I shewed, that the stomach and bowels were the first parts affected; the cause of this affection I also attempted, to prove, was contagious, taken in respiration, which being mixed, with the saliva, and carried into those organs, by irritating and weakening them produced the disease in question.

Cullen's idea of the proximate cause of this disease, is very different from that of other writers. He conceives the proximate cause, or at least the chief parts of it, to be the preternatural constriction of the colon which

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occasions at the same time, the spasmodic efforts which are felt in gripings, and being for a gated, downwards to the rectum, occasion the frequent stools and tenesmus.

Regarding the prognosis as little need, he said, as on the diagnosis.

A great degree of tenesmus, severe gripings, frequent inclination to go to stool and but little voided, much deprivation of strength, tenderness at the anus, violent pyrexia, cold, sweats, aphthæ, hiccups, and weak, irregular pulses are to be considered, very unfavourable symptoms.

On the contrary, a gentle dysphoria, moderate pyrexia, the evacuations less frequent, and more natural, with a gradual diminution of tenesmus and gripings, may be regarded favourable symptoms.

Cure.

The disease to which mankind are subject, is more difficult of cure than dysentery when neglected, or to which a greater number fall victims, which

it is suffered to run so some time before it is attended to.

Two different stages evidently exist in the course of this disease; wherefore to treat it properly, due attention should be paid to that stage present, when called in to see the patient.

In the first stage, more or less of an inflammatory diathesis prevails: to reduce this, venesection is the most certain and effectual method.

Among the many cases of this distemper, which occurred in this county within the last two years, I have seen no one case in which the symptoms warranted the use of the lancet. I have no doubt that it may be necessary to resort to venesection in many parts of the country, when the fever may be violent, and the inflammation of the intestines so great as to threaten a termination in gangrene, if this operation were omitted. It has been a matter of doubt among physicians

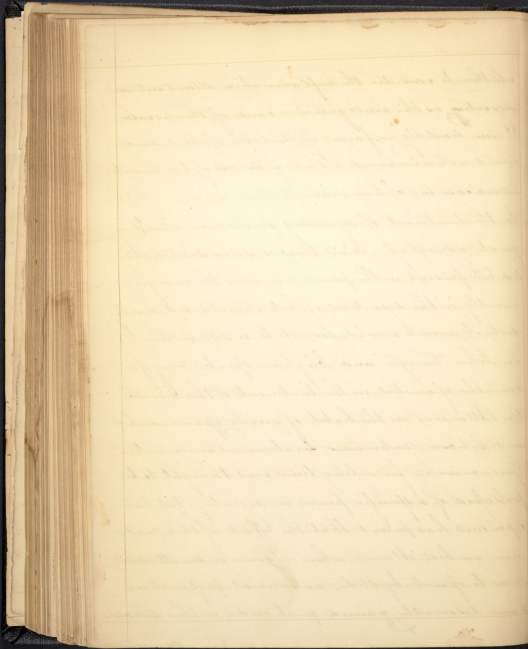
whether to consider the inflammation attendant on dysentery as the consequent or cause of the disease.

I am decidedly in favour of the latter opinion, and would not recommend the use of the use of the lancet in our case out of them dead.

In the treatment of dysentery emetics are often very great advantage. Which thus is redundant or vitiated, bile present in the primo via, as is the case frequently in the dysenteries of hot climates and marshy districts, vomits would seem to be in dispensible.

Dr John Warrill and Bleghorn speak very favourably of emetics in the treatment of this disease. The latter was in the habit of giving ipecacuanha and vitriolic Antimonial solutions as evacuants.

Ipecacuanha for a long time was thought to be possessed of a specific power in dysentery, but later experience has proved that the effects of this medicine are best obtained, when it is given in small doses, so as to operate by stool; antimonial preparations have deservedly gained, great credit in this disease.

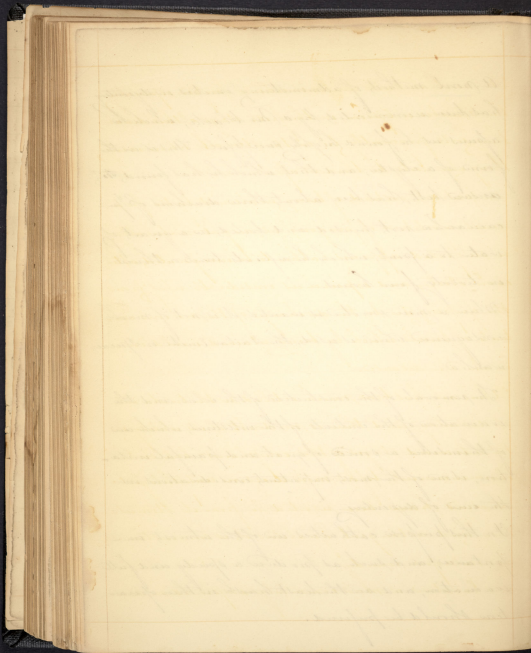


Helvetius
 A novel method of administering emetics in dysentery has been recommended, by a Dr. Clarke, which he assures us he found highly successful. This is in the form of a elyter; and that which he has found, ^{to} answer best, has been about three drachms of *Sp. cacumina* root, bruised and boiled, in a quart of water to a pint, which he repeats twice or thrice in twenty four hours.

When a more emetic is wanted, it is not of much consequence which is used, the Tartar Emetic or *Sp. casia* will do.

The removal of the constriction of the colon, and the evacuation of the contents of the intestines, which are of themselves a source of great and painful irritation, is one of the most important considerations in the cure of dysentery.

In this purpose cathartics are of the utmost importance, and such as produce a speedy and full evacuation, and are the least harsh in their operation should be preferred.

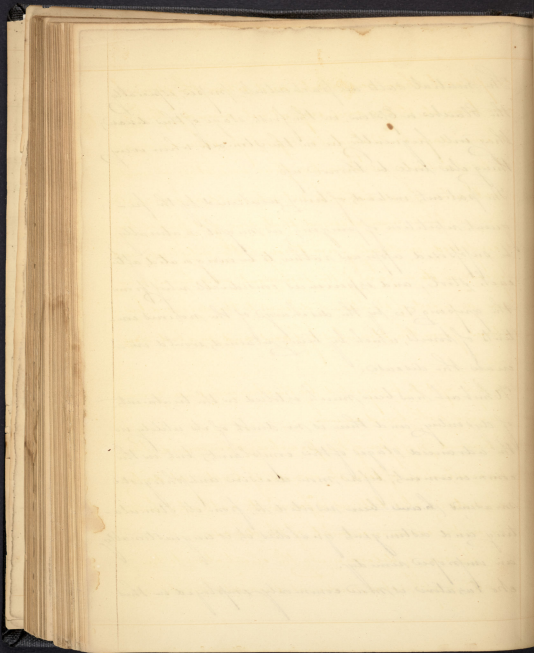


The neutral salts are particularly proper, especially the Glauber or Epsom, in the first stage of this disease; they will frequently lie on the stomach when every thing else will be thrown up.

The patient, instead, of being weakened by the frequent repetition of purging as might naturally be supposed, appears rather to be invigorated, after each stool, and experiences considerable relief from the griping &c. by the discharge of the noxious contents of bowels, which by being retained, would increase the disease.

Rhubarb has been much extolled in the treatment of dysentery, and there is no doubt of its utility in the advanced stages of this complaint; but in the commencement, before more decisive antiphlogistic measures have been resorted to, from its stimulating and astringent qualities, it is unquestionably an improper remedy.

The Lassaræ is now commonly employed in this

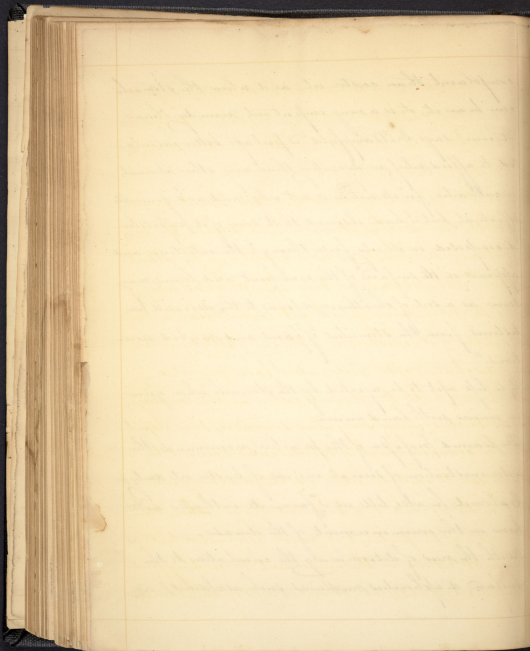


complaint, than castor oil; and when the stomach can bear it, it is a very important remedy." "Stein-
Klini," says Dr. Wampfield, "is perhaps better calcula-
ted, to afford relief in dysentery than any other aperient,
or cathartic; for its action is not only mild and generally
effectual, but, I have observed, that some of its papers be-
come composed, in its oily form, through the intestines, and
appear on the surface of the excrement, and hence may
serve as a sort of sheath or defense to the diseased in-
testines, from the stimulus of feces and morbid secre-
tions."

It is less apt to be rejected by the stomach when given
in union with land almonds.

The learned professor of the practice, recommends the
administration of several ounces of castor oil daily.
Galienus also tells us it is "favourite cathartic" with
him in the commencement of the disease.

With the view of determining the circulation to the
surface, diaphoretic medicines, such as James's or



Doos powder may be used. The Antimonial preparations have been much spoken of, but in the opinion of Doct. Mosely and many other writers, are inferior to Ipecacuanha.

Injectious of mucilaginous and demulcent liquors, as both the use of great use in this disease; for by sheathing the intestines and supplying the place of their natural mucus they afford great relief, and the colon being filled with warm liquor, the relaxation of its constriction is thereby assisted, and the discharge of the indurated faeces promoted. The warm bath, the flannel roller, and in many cases blisters, are of singular service in this respect. In the commencement of the disease, it would be improper to employ either opiates or astringents; but in the second or advanced stage, when the strength of the patient is much exhausted by the frequent returns of the complaint, proceeding from a relaxed state of the bowels, a use of these remedies

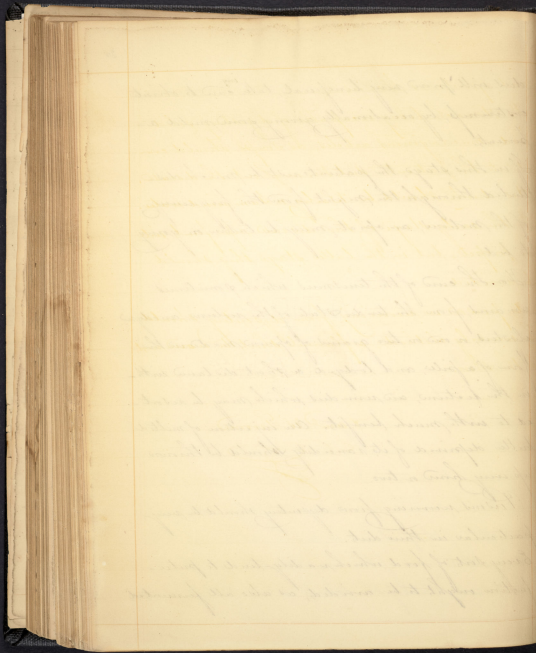
diets will prove very beneficial, take ^{care} to obviate costiveness, by occasionally giving some mild aperients.

If in this stage, the patients rest be much disturbed through the night from the frequency of the motions, an opiate may be taken on going to bed.

For the cure of the tenesmus which sometimes remains, from the tender state of the rectum, anodyne clysters, or one or two grains of opium made in the form of a pile, and lodged a short distance within the rectum, and sum dulc, which may be resorted to with much benefit. An injection of milted butter deprived of its acidity should be thrown up every four or two.

Persons recovering from dysentery should be very particular in their diet.

Every sort of food which readily tends to putrefaction ought to be avoided, as also all fermented,



and spirituous liquors.

The stomach being incapable of digesting solid food, mucilaginous articles, as Soups should constitute the patients diet, throughout the disease. +
His drink should be Barley or Rye acid water.

In the early stage of this disease ripe fruits will be proper; but in the latter stage they should be avoided.

A person in recovering from dysentery should be warmly clothed; a flannel shirt, the head next to the skin.

Saml^d W^d Groome

1791. Dec. 1. 1791.

I have the honor to acknowledge the receipt of your letter of the 24th inst. in relation to the above mentioned matter. I am sorry to hear that you are not well, and hope that you will soon be able to resume your usual avocations. I am, Sir, very respectfully,
Your obedient servant,
J. B. Smith

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